

**8th Annual Conference of the Healing Ministry  
Sept 17-21, 2012  
St. Mary of the Lake, Mundelein, IL**

(check one)  Most Rev.  Msgr.  Rev.  Rev Mister  Laity (Written request by your bishop required)

NAME (Last) \_\_\_\_\_, (First) *Please Print* \_\_\_\_\_ Parish (or assignment) \_\_\_\_\_

Address \_\_\_\_\_ Diocese \_\_\_\_\_

City, State, Zip \_\_\_\_\_ email \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

RATES: Conf. Fee: \$350. Meals \$31/day. Room: Private \$58/day. Semi-private \$48/day per person.

Expenses:(check one)  
(5 nights = Sept 16-20)  
(5 days – Sept 17-21)  
(Meeting Sun Eve 8 pm)

Semi-Private Room (Conf. Fee, \$350 +Meals \$155, + Room \$240) = \$745.

NAME OF ROOMMATE \_\_\_\_\_

Private Room (Conf. Fee, \$350 +Meals \$155, + Room \$290) = \$795.

Special Requests or Needs: \_\_\_\_\_

**Airport Transportation:**

Add an additional \$110 for round trip transportation by North Shore Limousine Co. from O'Hare Airport to Mundelein. (Must be made at time of registration).  
IN ORDER TO COORDINATE PICKUP, YOU MUST PROVIDE ACCURATE FLIGHT INFORMATION BELOW:

Arrival : date/time \_\_\_\_\_ airline \_\_\_\_\_ flight # \_\_\_\_\_

Departure: date/time \_\_\_\_\_ airline \_\_\_\_\_ flight # \_\_\_\_\_

**REQUIRED DEPOSIT:** I am enclosing a check for the \$350 registration fee. The balance to be paid upon arrival. (Credit cards not charged until arrival);

PLEASE MAIL REGISTRATION FORM AND CHECK(S) TO:  
University of St. Mary of the Lake  
Conference Center  
1000 East Maple Avenue  
Mundelein IL 60060

**I PREFER TO USE MY CREDIT CARD. PLEASE CHARGE MY:  
(IF USING CREDIT CARD, REGISTRATION FORM MAY BE MAILED OR FAXED)**

Visa      MasterCard      Discover      (circle one)

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Conference Center**  
Phone:(847) 566-8290 Fax (847) 566-7971  
E-mail: night@usml.edu